

Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

First Inventor or Application Identifier	Juan Carlos Diaz
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Title	Stent Delivery System with Hydraulic Deployment
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Express Mail Label No. EJ744743425US

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 13]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
4. Oath or Declaration [Total Pages 2]
- a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. 1.63(d)(2) and 1.33(d)(2))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application
see 37 C.F.R. 1.63(d)(2) and 1.33(d)(2)

5. ☐ Microfiche Computer Program (*Appendix*)
6. Nucleotide and/or Amino Acid Sequence Submission
(*if applicable, all necessary*)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- | | | | |
|---------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input checked="" type="checkbox"/> Continuation-in-part (CIP) | of prior application No. 60/240,308 |
|---------------------------------------|-------------------------------------|--|-------------------------------------|

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, *from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.* The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

- ☒
- Customer Number or Bar Code Label

28390

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name _____

Address

City

Country

PATENT TRADEMARK ~~State~~ OFFICE

Zip Code

Telephone

Fax

Name (Print/Type)	Janis J. Biksa
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Registration No. (Attorney/Agent)	33.648
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Signature

Da

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 1296.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Juan Carlos Diaz

Examiner Name

Group Art Unit

Attorney Docket No.

P842 CIP

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

012525

Deposit
Account
Name

Medtronic AVE, Inc.

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check☐ Credit card☐ Money
Order☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Description
Code (\$) Code (\$)

101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

Fee Paid

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20** = 6	18	108
5	-3** = 2	84	168
Multiple Dependent		280	280

Large Entity Small Entity

Fee Fee Fee Fee Description
Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 1296.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)

Janis J. Biksa

Registration No.
(Attorney/Agent)

33,648

Complete (if applicable)

Telephone

707-566-1888

Signature

Janis Biksa

Date

10-15-01

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